

JUN 24 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19869

1. PLACE OF DEATH

County Knox
Township Edina mo.
City Edina mo. (No. St. Ward)

Registration District No. 441
Primary Registration District No. 4259

File No.
Registered No. 20

2. FULL NAME

John J. Gallins
(a) Residence, No. Edina mo. St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) X

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27-1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
4 12 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milan mo.

FATHER 13. NAME Leo B. Gallins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edina mo.

MOTHER 15. MAIDEN NAME Katherine Pufferman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris mo.

17. INFORMANT (ADDRESS) Katherine Gallins

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Josephs Cem Edina DATE May 12, 1936

19. UNDERTAKER (ADDRESS) Trueschman Bros Edina mo.

20. FILED May 11, 1936 Mrs C. M. Smith Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936, to May 10, 1936
That saw him alive on May 10, 1936. Death is said to have occurred on the date stated above, at 11:20 a.m.
The principal cause of death and related causes of importance were as follows:

Accidental Drowning Date of onset

Other contributory causes of importance: 183

Name of operation Date of
What test confirmed diagnosis Autopsy Was there an autopsy?

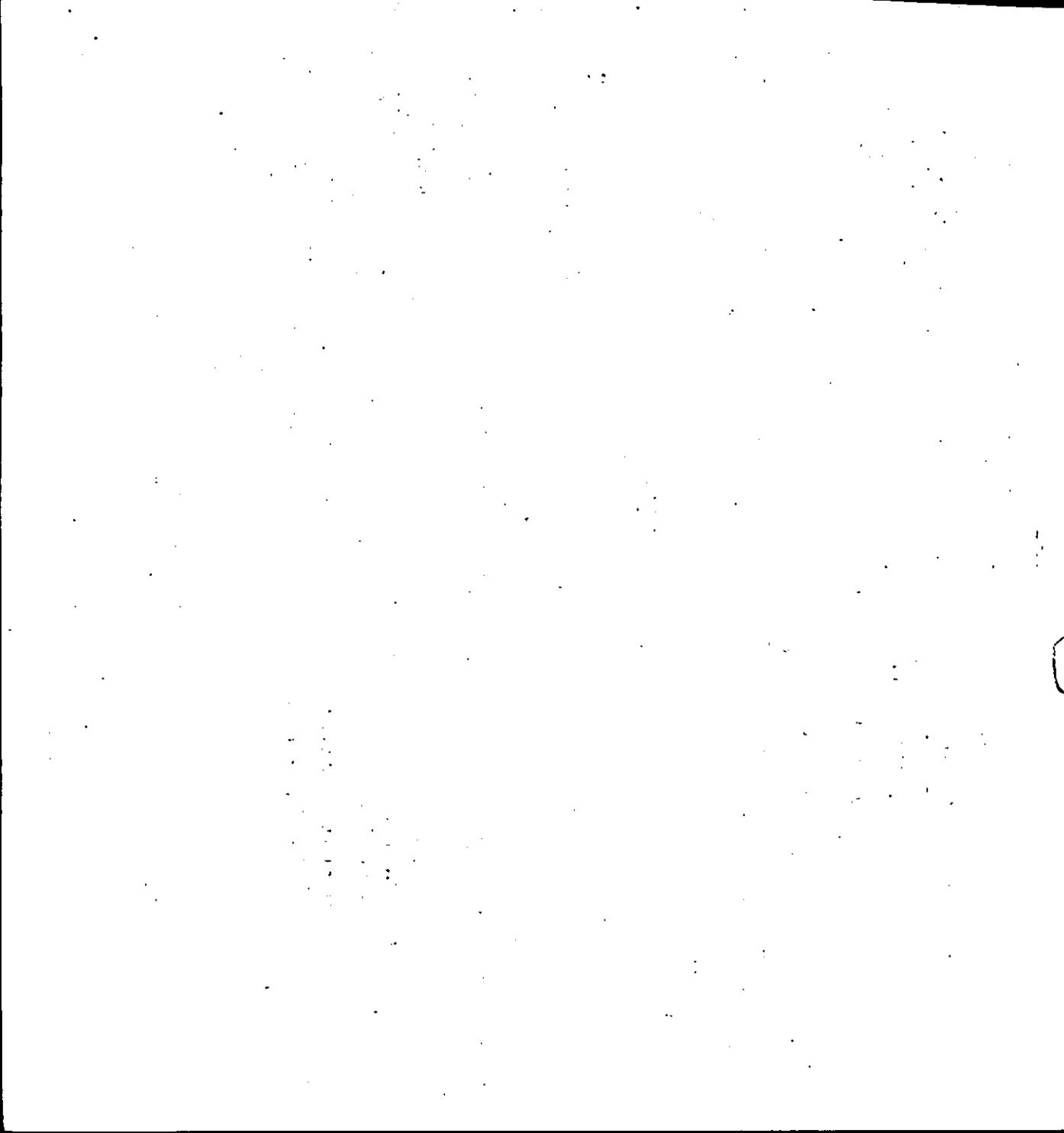
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Drowning Date of Injury May 10, 1936
Where did injury occur? Edina Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Drowning
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....
(Signed) W. L. Landfath
(Address) Edina, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Knoff
Township Edwards
City Edwards (No.)

Registration District No. 441
Primary Registration District No. 4259

File No.
Registered No. 20
St. Ward

2. FULL NAME

John J Collins

(a) Residence, No. St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

At last saw him alive on , 19 . Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

to have occurred on the date stated above, at m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

accidental drowning

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

no boat involved (children wading)

MOTHER FATHER 13. NAME

Other contributory causes of importance:

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation Date of

MOTHER 15. MAIDEN NAME

What test confirmed diagnosis? Was there an autopsy?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following:

17. INFORMANT (ADDRESS)

Accident, suicide, or homicide? Date of injury , 19

18. BURIAL, CREMATION, OR REMOVAL

Where did injury occur? (Specify city or town, county, and State)

PLACE DATE 19

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER (ADDRESS)

Manner of injury

20. FILED 7-16 1936 mc cm limit Registrar

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W L Landfester M. D.

(Address) Edwards

SUPPLEMENT

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CONFIDENTIAL